

FILED DEC 21 1953

STANDARD CERTIFICATE OF DEATH

State File No. 42258

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 403

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Shelby</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Fulton</i>		c. CITY OR TOWN <i>Clarence</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <i>13 days</i>		e. STREET ADDRESS (If rural, give location) <i>1020 1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital no 1</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Fred</i> b. (Middle) _____ c. (Last) <i>Poe</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Dec 15 1953</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>Aug 26, 1889</i>
9. AGE (In years last birthday) <i>64</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>farm</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Farmington Iowa</i>	12. CITIZEN OF WHAT COUNTRY <i>US</i>

13a. FATHER'S NAME <i>Byron Poe</i>	13b. MOTHER'S MAIDEN NAME <i>Coral Wiley</i>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>yes</i> (If yes, give year or dates of service) <i>1917</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Lizzie Davis</i> ADDRESS <i>Clarence, Mo</i>
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Chronic interstitial nephritis</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Bronchopneumonia</i>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>592x</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *Dec 2, 1953*, to *Dec 15, 1953*, that I last saw the deceased alive on *Dec 14, 1953*, and that death occurred at *3:30 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J. P. Hunter M.D.</i>	23b. ADDRESS <i>Fulton Mo</i>	23c. DATE SIGNED <i>Dec 15/53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec 17 1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Meadow Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Clarence Mo</i>
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DATE REC'D BY LOCAL REG. <i>Dec. 15 1953</i>	REGISTRAR'S SIGNATURE <i>Maritta Lawrence</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Charles C. King</i> ADDRESS <i>Clarence Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 29 1953

DEC 22 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed *Charles V. Greening*.....

Licensed Embalmer No. *4628*

P. O. Address *Clarence*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.